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Title of	Invention	SELECTIVELY ALTERING A FIBER HEIGHT IN A PILE FABRIC AND APPARATUS
As the b	elow named inve	entor (a), I/we declare that:
This declaration is directed to:		
		☐ The attached application, or ☐ Application No. ☐ filed on ☐ as amended on ☐ (if applicable);
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;		
l/we hav	e reviewed and I by any amendn	understand the contents of the above-identified application, including the claims, as nent specifically referred to above;
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.		
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.		
<u> </u>		OR (S)
		e P. Latos and the service of the se
Signature	/	Citizen of: US
Inventor t	wo: Wayne	K. Shaffek
Signature	: Ways	Citizen of: US
Inventor f	hree:	
Signature		Citizen of:
inventor fo	our:	
Signature:		Citizen of:

Additional inventors or legal representative are being named on additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the preparing, and submitting the compreted application form to the USPTO. Time will very depending upon the individual case. Any comments on the complete, including gathering, complete this forth and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petert and Trademark Office, U.S. Department of Commence, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450,

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.